BEST AVAILABLE COPY

Effective October 1, 2001 /0/00 7730														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			32				ſ	RATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			32 minus 20=		• 12			X\$ 9=		OR	X\$18=	216		
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X42=		1	X84=	252		
MULTIPLE DEPENDENT CLAIM PRESENT							1			OR				
* If the difference in column 1 is less than zero, enter "0" in column						column 2	' L	+140=		OR	+280=	10 - 6		
OLARIA AD ARTHURA DADT								TOTAL		OR	TOTAL	1208		
3 16 86 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL			
AMENOMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	. 73	Minus	* 3	2	= /		X\$ 9=		OR	X\$18=	7.		
AME	Independent	• 5	Minus	***	6	= /	lt	X42=		OR	X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		J †	+140=		OR	+280=			
TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												1		
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total ;	•	Minus	**		=	1 L	X\$ 9=		OR	X\$18=			
	Independent	* NTATION OF MI	Minus	ENDEND	CLAIN	-	Į [X42=		OR	X84=	•		
	/ /	NIAHON OF MI	DLIPLE DEP	ENDEN	CLAIM		,	+140=		OR	+280=	: 1		
	, ,						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
_		(Column 1)		(Colu		(Column 3)					· · · ·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	##		=		X\$ 9=		OR	X\$18=			
SE SE	Independ nt	*	Minus	Ath		a· .]	X42=		OR	X84=			
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
•.	f the entry in octu	mn 1 is less than ti	ne entry in colu	mn 2. write	o "O" in co	turnn 3.	L	+140=		OR ··	+280=			
** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, nt r "20." **If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR											TOTAL ADDIT. FEE			
: · ·		nb r Previously Pa					er four	d in the app	or priate bo	x in co	lumn 1.			

Application or Docket Number